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ABSTRACT

An interdistrict project provided a mobility and orientation instructor to work with blind and partially sighted children. The instructor was also involved in consultation and cooperative planning with school personnel and in resource room programs. Training was given to 36 children, 15 of whom required formal instruction. Services were extended in various areas. Results were positive and demonstrated the need for mobility and orientation instruction beginning in infancy and continuing throughout the school years. (JD)

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A CONCENTRATED MOBILITY AND ORIENTATION APPROACH FOR THE IMPROVEMENT OF EDUCATION FOR PARTIALLY SEEING AND BLIND CHILDREN IN DAY SCHOOL SETTINGS

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INTRODUCTION

Problem on Which the Project Was Focused

Educators have long recognized the fact that children with visual impairments often have serious postural, mobility, and orientation problems which modify body use and psychological outlooks. Proper training to prevent these unfavorable outgrowths should begin in infancy. However, parents may lack the skills and insights necessary to give the appropriate training. Some children, then, enter school presenting undesirable characteristics which become magnified by the demands of the educational program. They may fail to develop independence, initiative, and active interest in the environment which is so necessary for optimal growth. (Norris, 1957.)

Attempts have been made by resource and itinerant teachers in day schools to remove the mobility and orientation deficits of visually impaired children and to overcome the problems caused by these defects. Generally, however, these teachers have had little or no training in the specialized area of mobility, orientation, and daily living skills. Certainly teachers in regular classrooms where many of these children are enrolled have difficulty in meeting the orientation and mobility needs.

Special instruction in mobility and orientation aspects, for the most part, has existed for adults and high school students rather than young day school children. Emphasis has been placed on travel rather than including the implication of body use in all areas of school living. Priority has been given to children having little or no vision while severely impaired partially seeing children continue in undesirable postural patterns and poor body use. Preventive education, then, for the visually impaired would consist of helping each partially seeing and blind child to avoid or correct the characteristics which might have adverse effects on his physical development.

Since the services of a mobility-orientation consultant had not been made available either to elementary or secondary age day school children by school districts in Kansas, the purpose of this project was to provide such services, especially to young children ages 6-13 years, and to establish the feasibility of these services within an experimental and demonstration framework.

Overview of Project Findings

The objectives were established for the two-year project in fourteen different school districts in eight south central counties in the most populous section of Kansas. These general objectives were: to demonstrate the effect and importance of itinerant mobility and orientation instruction for visually impaired children in elementary day schools and show the feasibility of this plan in cooperating school districts; to develop guidelines for this instruction, clarify its importance, and show its value for partially seeing as well as blind children; to disseminate resource material for state and community use especially to resource, itinerant, consultant, and classroom teachers in schools where these children are enrolled and to assist these teachers in meeting the children's needs in mobility, orientation, and daily living skills.

The methods used were those of demonstration which includes special services and the provision of supplies and equipment for use by the children and adults involved. The results obtained were gains in mobility, orientation, and daily living skills, as well as gains in mental health and achievement levels of functioning.

The highlights of the findings showed that school achievement and acquisition of social skills are given a higher priority for school age children by parents, children, and teachers than are the acquisition of mobility and orientation skills. Because exploration of environment depends upon mobility, and such exploration is necessary as a foundation and reinforcement for learning, it is seen that mobility and orientation instruction at an early age should accompany or even precede academic learning in a school setting.

Also it was seen that secondary age students beginning in junior high school are resistant to exploration when mobility skills are lacking whereas primary and elementary age children are usually more eager for new experiences. This finding reinforces the belief that mobility and orientation skills and body use functions should be emphasized in infancy and childhood rather than their initiation limited as it generally is to older children and young adults.

The recommendations that have come out of this study are chiefly that mobility instruction in Kansas public schools should be a part of the competencies and responsibilities of the itinerant teacher-consultant for the visually handicapped. This recommendation is made in view of the geographic scatter of visually handicapped children over the entire state. The mobility specialist serving in this capacity alone would not have a case load in any but the one or two largest school districts of the state.

Background to the Problem in Kansas

Educational provision for blind children in Kansas has until the last ten years been primarily the responsibility of the state residential school for the blind. The state school has traditionally served blind children requiring braille as well as partially seeing children according to the child's needs in the absence of available educational opportunities in the home community or preference for the residential experience. The enrollment at the state school for the 1968-69 school year was 150 with about 75 braille users.

From time to time since the foundation of that school in 1867, a few blind children requiring braille are known to have enrolled in public schools in the upper elementary or high school years after attending the Kansas School for the Blind for a time. A limited number of braille users presently in the state attend local day schools entirely, depending upon their families and others for supportive services. Such help often has come from personnel in Services for the Blind, from child welfare workers, or nurses in the departments of welfare or health or those in the schools.

A greater proportionate number of seeing children, including those in the legally blind classification, have attended public schools, often with little or no extra help. In 1968-69 there were 232 legally blind (30 of them are braille users) enrolled in local day schools in addition to a large number of partially sighted children.

In the main, almost all blind and severely visually handicapped children attended the state school. The one outstanding exception to this trend was afforded in Wichita, the largest metropolitan area in the state, by a "sight saving class" for partially seeing children first established in 1939 in Webster Elementary School. The class continues in operation to date but modified in organization as it is presently served by a resource-itinerant teacher who travels to several other schools.

Early state supported efforts to serve the educational needs of visually handicapped children in the local day schools were begun between 1937 and the early 1940's by the Division of Services for the Blind in the State Department of Social Welfare. The creation in 1949 of the Division of Special Education in the State Department of Public Instruction* provided increased emphasis on local school services in the home community as far as possible for all handicapped children. Services to visually handicapped children in the public schools were coordinated by the Director of the Division of Special Education and the consultants in his office starting in 1951. Local school authorities began to encourage special training in conformity with state special education standards for reimbursement of approved programs.

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*In January 1969 the State Department of Public Instruction was officially changed to the State Department of Education.

In December, 1953, two years after the implementation of the enabling legislation for special education, the circulating library of large print books which had been accumulated by the Division of Services for the Blind, was transferred to the Division of Special Education in the State Department of Public Instruction. With this transfer of materials there began also a gradual transfer of responsibility for services which had been supplied by Services for the Blind to the public schools. (See Appendix A.) However, there remained close working relationship and interchange of information between the two state agencies and a continuation of supportive help to local schools not only in rural areas but also in urban communities lacking these special services from the local school district. This warm relationship and supportive help where needed continues to this date and is seen as invaluable by each agency. A similar interdepartmental cooperative spirit exists within the State Department of Health. The state agencies, together with county health and welfare offices, cooperate in vision screening promotion, provision of referral and consultative services, as well as direct services where needed.

The first expansion of public school services to blind children came in September 1958 when two resource rooms for children requiring braille were organized in the state, one in Wichita and one in the Kansas City suburban area at Prairie Village, thus bringing to three the special resource rooms for blind or partially sighted children under state special education supervision and reimbursement.

Under the encouragement of the State Director of Special Education and the staff consultants, school districts began to see the need for more extensive services for the visually handicapped. Simultaneously a climate was created in the entire State Department of Public Instruction, the legislature, and special interest groups such as parents of blind and partially seeing children, for the employment of a consultant for the visually handicapped in the Division of Special Education. This position was created in 1959 and was filled in the fall of 1960.

The entire readiness situation for increased services for visually handicapped children in the schools was favorable because of preceded and sequential constructive legislation in several areas. For example, in 1959 mandatory vision screening was enacted. This had been preceeded in 1957 by legislative establishment of the Coordinating Council for the Blind encompassing selected state agencies. The director of each appropriate division was named as the official member together with the superintendent of the state school and representatives from certain well-established organizations for the blind. The state divisions include

Special Education, Services for the Blind, Maternal and Child Health, Public Assistance, and Employment Security. The superintendent of the State School for the Blind, representatives from Kansas Association for the Blind, and Kansas Foundation for the Blind (a private sheltered workshop facility) completed the original council membership. The Braille Association of Kansas was added to the group by the 1969 legislature. Each of the five state agencies, as well as the school for the blind, make an annual payment of $100 toward the work of the organization.

Beginning with the three resource rooms in two sponsoring school districts in 1958, organized programs in the ensuing years steadily grew to fourteen teaching positions in 1968-69. Teachers and special workers in local school districts have been employed in nine counties over the state and have served in additional counties through cooperative arrangements between districts. Two are located in the greater metropolitan Kansas City area, two in small western cities, two in the capital city, one in a neighboring city, one in a county-wide special education cooperative area, and six in the greater metropolitan Wichita area in two sponsoring school districts. (See Table I.)

Specific location and dates of these established instructional programs for the visually impaired are shown in Figure 1 for eastern Kansas. Figure 2 lists dates and locations of these programs for western Kansas. Generally these service areas cluster around the heavier population centers of the eastern part of the state. In western Kansas the population is considerably less and the travel much greater for the resource teacher.

The fourteen special workers in the public schools may be further described by their assignments: all except one are resource-itinerant-consultant teachers. The one serves almost exclusively in a resource room for primary age braille users.

In addition, about 100 blind and partially seeing children are served from the State Division of Special Education office with large print or braille materials in regular classrooms over the state in 84 of the 105 counties of Kansas where the services of a special resource or itinerant teacher are not available. (See Table II and Table III.) The increased number of counties in which children in public schools are served (only 45 counties in 1963-64) may be due in part to the influence of the mobility demonstration project and the attention which it focused on the needs of partially seeing and blind children.

Large print materials without the competencies of a special teacher may at times be only token services. Many programs in various areas are still needed and at the present time public school services for blind and partially seeing children in Kansas are in the developmental stage.

TABLE I

SPECIAL TEACHERS OF VISUALLY HANDICAPPED (1968-69)

Location	Special Teachers	No. of Positions
Sedgwick County		6
	Wichita USD #259	
	3 resource rooms (2 of the teachers serving two or more schools additionally)	
	1 librarian for visually handicapped serving Wichita and giving mail order services to the entire state	
	1 mobility instructor serving Wichita and children in surrounding areas	
	Haysville USD #261	
	1 itinerant teacher serving in parts of adjoining counties	
Shawnee County		2
	Topeka USD #501	
	2 itinerant teachers, one giving priority to preschool and multihandicapped children	
Butler County		1
	El Dorado USD #490	
	1 itinerant teacher, nine cooperating school districts in the county	
Douglas County		1
	Lawrence USD #497	
	1 itinerant teacher	
Finney County		1
	Garden City USD #457	
	1 resource teacher serving two or more additional schools	
Ford County		1
	Dodge City USD #443	
	1 itinerant teacher	
Johnson County (Suburban Kansas City)		1
	Shawnee Mission USD #512	
	1 itinerant teacher	
Wyandotte County		1
	Kansas City USD #500	
	1 itinerant teacher	

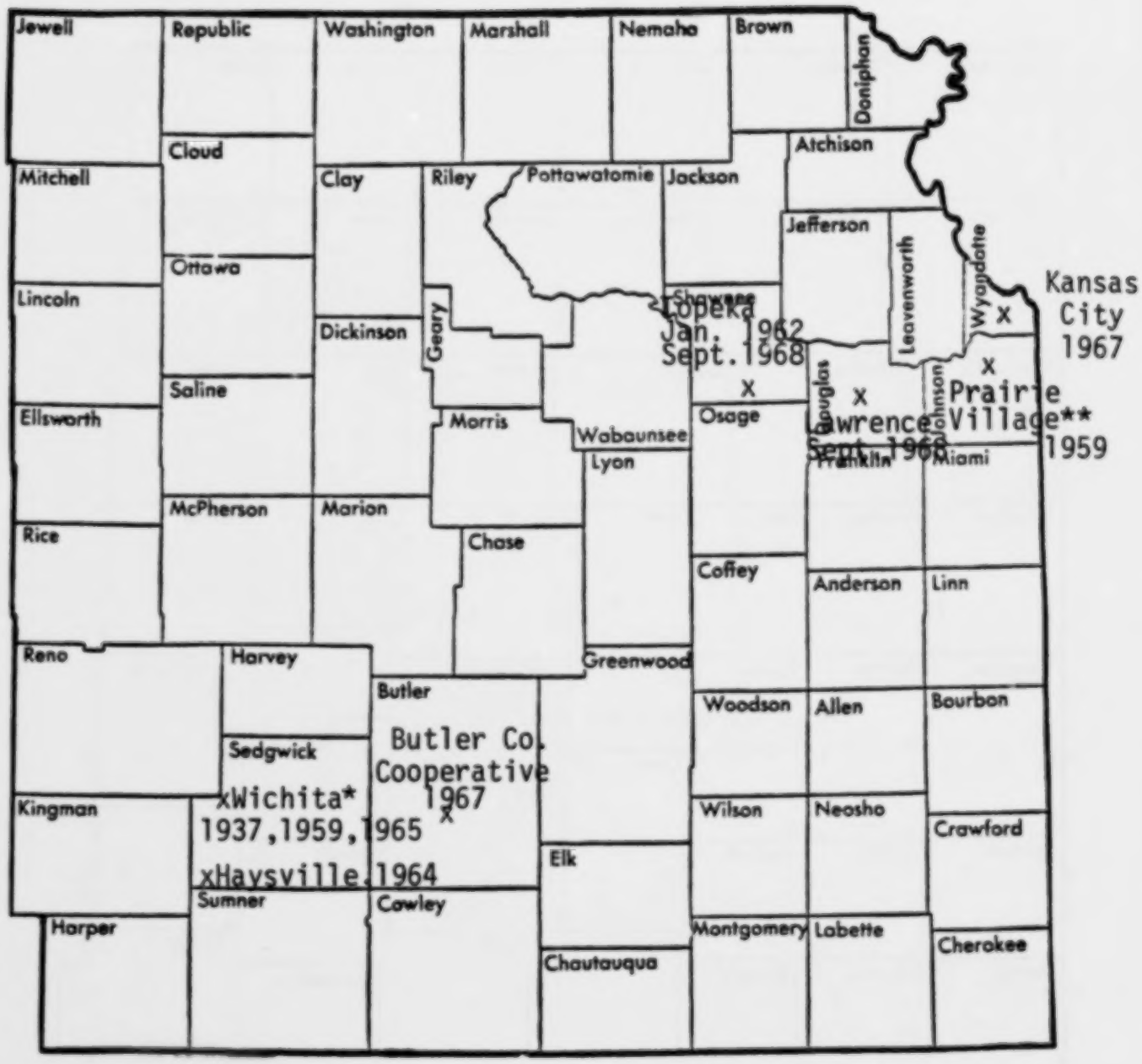

Figure 1. Dates of establishment of public school programs for blind and partially seeing children in the eastern half of Kansas

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*Mobility instructor and librarian for the visually handicapped beginning in January, 1967.

**Included Shawnee Mission High School District in fall of 1964; sponsored by Northeast Johnson County Cooperative starting in the fall of 1965; included in Shawnee Mission USD #512 in fall of 1969.

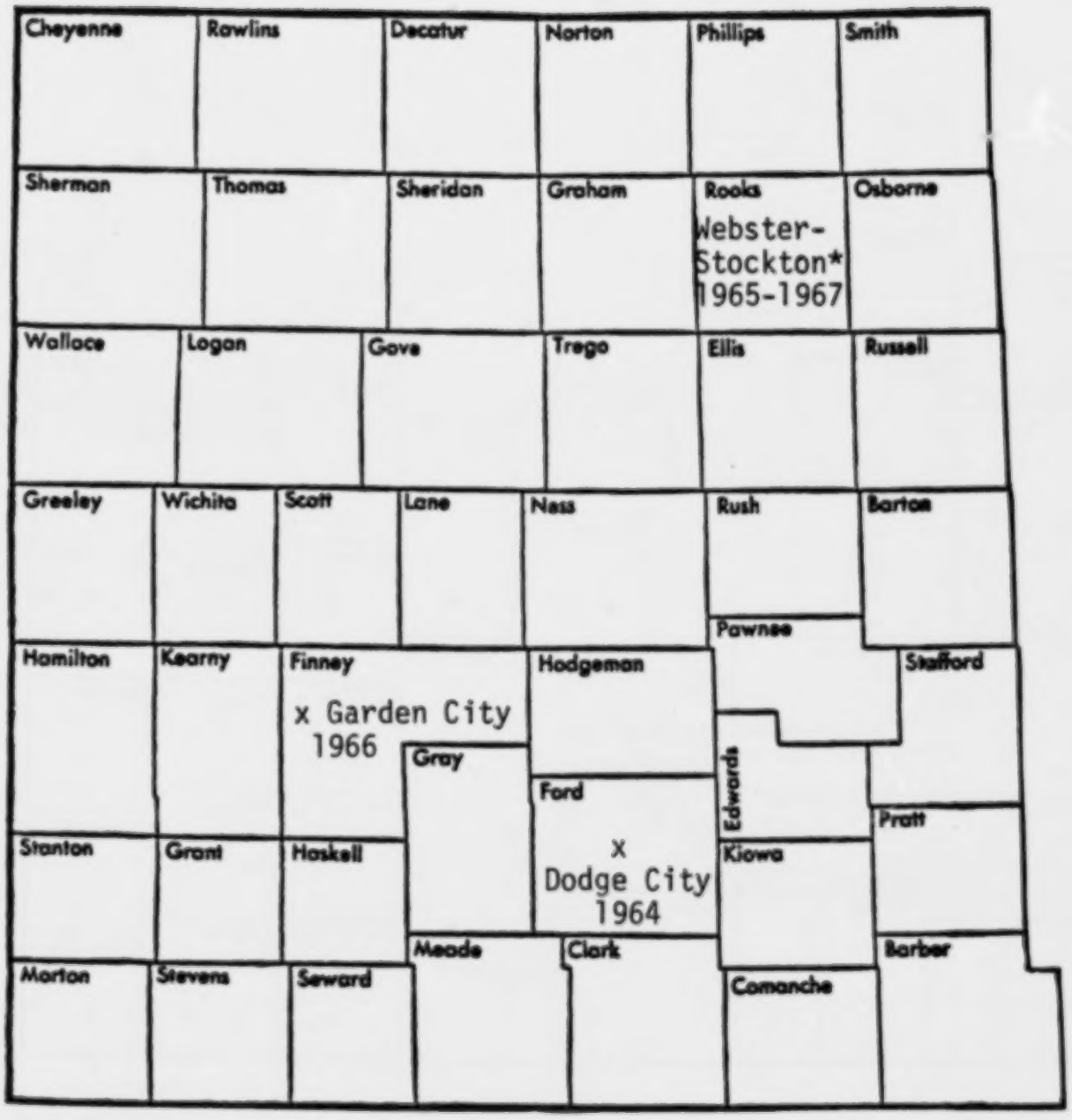

Figure 2. Date of establishment of public school programs for blind and partially seeing children in the western half of Kansas

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*Rural area services were terminated in June 1967 when the teacher moved and was not replaced with a special worker.

TABLE II

NUMBER OF KNOWN PARTIALLY SEEING AND BLIND CHILDREN
IN KANSAS DAY SCHOOLS WITHOUT BENEFIT OF A
SPECIAL RESOURCE OR ITINERANT TEACHER

(From 1966-67 records of requests to the Division of Special Education for materials or services from school personnel)

Grades	K	1	2	3	4	5	6	7	8	9	10	11	12	EMR	Total
Partially Sighted Children	15	13	11	16	19	12	9	18	15	14	16	11	7	20	196
Braille Users	-	-	-	-	-	1	-	-	-	1	1	1	1	1	6
Total	15	13	11	16	19	13	9	18	15	15	17	12	8	21	202

TABLE III

KNOWN SCHOOL AGE BRAILLE USERS
IN DAY SCHOOLS IN KANSAS

(From 1966-67 records of requests to the Division of Special Education for materials or services from school personnel)

Location	No. of Children	Grades	
		K-6	7-12
Wichita USD #259	12	8	4
Haysville USD #261	2	2	
El Dorado USD #490	1		1
Garden City USD #457	2	2	
Dodge City USD #443	1	1	
Shawnee Mission USD #512	6		6
Topeka USD #501	3	2	1
KSTC Lab School	1*		1
Hope High School USD #481	1*		1
Council Grove USD #417	1*	1	
Lawrence USD #497	1*	1	
Olathe USD #233	2*		2
	33	17	16

*Without benefit of a resource or itinerant teacher of the visually handicapped.

While the public schools of the state were beginning to make progress in the provision of educational material for visually handicapped children and the employment of special teachers, relatively little attention had been given to provision of mobility and orientation instruction in the day schools. Mobility instruction had been a part of the program at the Kansas Rehabilitation Center for the Blind, a state operated facility in Topeka, soon after it was established in October 1948. Three mobility instructors are now employed (1969), one of whom is fully trained with a masters in this field from Western Michigan State University. The Kansas School for the Blind had depended upon their physical education instructor (who was also the coach) for mobility instruction for some time. Since the fall of 1966 a special teacher has been employed as a full time worker in this specialty area.

Mobility instructors in Kansas traditionally had been blind people who taught from the standpoint of experience or sighted persons who had had opportunities to observe and work with the blind. Some instructors have had the advantage of short formal courses in teaching mobility skills. The demonstrator employed in the two-year mobility project was the first worker up to that time in Kansas who had had the advantage of a year-long sequence of work at one of the recognized mobility training institutions.

The demonstrator had originally been thought of as a worker in the public schools but housed in the Division of Special Education in the State Department of Public Instruction in Topeka. However, further analysis of the future use of such a worker revealed that our special education philosophy in Kansas emphasized the provision of direct services to children from the local school districts rather than from the state department level. For this reason it was decided that a public school sponsor for the mobility and orientation project should be sought.

In addition, the original plan scheduled the demonstrator in the four school districts in the eastern half of the state in three different counties (Sedgwick, Shawnee, and Johnson) where itinerant or resource teachers were employed. The schools are situated on or near the Kansas Turnpike with 200 miles as the distance from the northeast to the southwestern point in the area. This plan was abandoned in favor of having the demonstrator work primarily with children in the Haysville and Wichita area and in certain central Kansas schools not having, but greatly in need of, the services of special resource or itinerant teacher of the visually handicapped. Thus, promotion of increased services for these children would be one of the by-products of the demonstration. It was foreseen that the demonstrator would work in resource rooms and in the special preschool for the visually impaired and also as an itinerant-consultant-instructor for children in regular classrooms.

Objectives

In establishing objectives it was apparent that the goals for individual children must be considered and also ways and means of working with the schools toward accomplishing these goals. Thus, the broad objectives included demonstration, development, implementation, interpretation, justification, inservice training, consultation, teaching, observation, planning, public relations, publicity, and promotion. The accomplishment of these objectives required close coordination between the demonstrator, the supportive faculties in each school, and the project directors. The objectives were general and specific. The general objectives were:

1. To demonstrate the effect and importance of an itinerant mobility and orientation instructor for visually impaired children in elementary day schools.

2. To demonstrate the feasibility of this plan in cooperating school districts.

3. To develop guidelines for mobility and orientation instruction in day schools where blind or partially seeing children are enrolled.

4. To create and disseminate resource material for state and community use.

5. To show the value of such instruction for partially seeing as well as blind children.

6. To assist resource, itinerant, and classroom teachers in:

   (a) Providing special equipment or material modifications necessary to accommodate blind and partially seeing children.

   (b) Meeting the mobility, orientation, and daily school living needs of partially seeing and blind children.

In addition, the specific objectives for each child selected for the demonstration project were:

1. To improve individual travel techniques and skills.

2. To improve each child's standing, sitting, and postural patterns.

3. To improve study situations allowing greater comfort for the child.

4. To provide therapies where needed for more favorable body growth.

5. To increase physical education and recreational participation.

6. To increase social interchange.

As the work of the demonstrator was initiated, other objectives came to be adopted either through necessity or because the need was apparent. Some of these were:

1. To educate school personnel, parents, school patrons, and para-educational professionals as to the meaning of mobility instruction.

2. To lead in the development of a philosophical acceptance of the program by these same persons.

3. To encourage also the provision of specialized resources or itinerant services for the visually handicapped in schools not being served by such teachers.

From a broad perspective, the objectives then included goals for children and also for sponsoring and cooperating school districts. In accomplishing these goals it was necessary to work with all personnel who influenced the children's development either individually or in their peer group. Goals extended to achievement of certain philosophical outlooks on state and local levels from agencies, institutions, schools, and community organizations; from individuals representing these groups, as well as from parents, relatives, and friends. The breadth of project objectives and the intermediate goals were not entirely foreseen in the planning period. However, they were gladly accepted by all concerned as necessary and desirable for the success of the project.

Related Research and Demonstrations

The problem of mobility and orientation of blind youth has increasingly claimed the attention of writers, demonstrators, and researchers, especially since the late 1950's. The U.S. Department of Health, Education, and Welfare in the Office of Education and especially in Vocational Rehabilitation Administration (now Social and Rehabilitation Services) has funded much of the mobility and orientation demonstration and research undertaken during the last eight to ten years. The final report of one of the research projects (Lord, 1966) contains an especially complete and valuable review of the related literature and lists a comprehensive bibliography through December 1965.

Because of thorough review of the literature and bibliographical listings in Lord's final report, the Kansas Division of Special Education has listed in this study only publications and other material relating to mobility and orientation appearing during 1966 and 1967, following the termination of the Kansas project. In addition, research in sensory aids or discussion of their relationship to orientation and mobility has not been included.

The literature in the area of mobility and orientation of the blind has proliferated since the rehabilitation work with blinded veterans after World War II and the subsequent work with young people and children using the instructors trained in the methods originated with the veterans. Innumerable reports of projects, conferences, institutes, and convention programs have been focused on the topic with much of it detailed in summaries or in selected convention papers.

The work done with young blind and partially seeing children comprises only a small fraction of the total. Yet, there is much in the related literature in child growth and development, maturation, readiness, motivation, social pressures of adolescence, and needs to conform which has implications for a perceptive examination of the development of mobility and orientation skills during infancy and early childhood as well as during the school age period.

However, until recently little emphasis had been placed on the relationship of the mobility and orientation instructional approach to the improvement of the education of partially seeing and blind children in day school settings. Formerly, most of it had been focused on the residentially based students.

METHODS

The methods used in the project were devised to meet the demands of the objectives and adapted to the distinctive features inherent in the setting. The procedures were related to the competencies and personal strengths of the demonstrator, the scatter and characteristics of the entire population of visually handicapped children in the area and those selected for participation in the demonstration study.

Setting

The logical location for a sponsoring school was seen as the Sedgwick County area (Wichita and vicinity) where the largest number of blind and partially seeing children in Kansas public schools are to be found. After some negotiations with the Haysville Public Schools, arrangements were made for their sponsorship of the demonstration project. Haysville was chosen rather than the large Wichita School District for a variety of reasons. One was the fact that equal emphasis in the project was to be placed on work with partially seeing children rather than principally on work with blind children. In general, the needs of a larger proportion of braille users were more adequately cared for in the area than the needs of partially seeing children. Thus, the smaller school district which had several partially seeing children needing services was chosen for the demonstration. In addition, this choice guaranteed the initiation of services in a cooperating network of smaller school districts all over the state rather than confining expansion of services to larger cities. This is one of the philosophical sets of the entire special education thrust in Kansas. If the demonstration had been placed in the larger school district, the great need of services there in that one school district might have prevented or reduced the promotion of services outside the metropolitan area.

The Haysville School District is located approximately 8 miles south of Wichita. At the time the project was initiated the district had an enrollment of 2,800 in four elementary schools (906 in the receiving junior and senior high school), a school psychologist, speech clinician, school nurse, and reading consultant under the coordinating direction of an assistant superintendent who acted as director of special education. The faculty consisted of four principals, 133 teachers, and a fine supportive clerical staff and business office. An experienced secretary from the personnel of the special services staff was assigned to the project on a one-third time basis.

Demonstrator

When the project was first envisioned, a demonstrator was sought from among the 1964 graduates in mobility and orientation from Western Michigan University, Ann Arbor, Michigan, and Boston College, Boston, Massachusetts, since these two schools offered the only full sequence of work leading to the masters degree in the field at that time. A certified teacher with a physical education background and experience was desired for several reasons.

It was believed that development of favorable posture and increased body use in the children could be reinforced by physical education programs in the schools. Therefore, close working relationship and communication between the demonstrator and the physical education instructor was viewed as highly desirable and probably more likely to be achieved by a demonstrator with similar background and preparation. In addition, it was thought that the zeal and enjoyment of physical activities which is characteristic of many of those who excel in sports, recreation, and playground work, could attract the children and challenge them toward achievement of these same skills for themselves.

Mr. Robert Richards, a masters degree graduate of Boston College in mobility and orientation was employed by Haysville Public Schools as a demonstrator-instructor for the blind and partially seeing for the school years 1964-65 and 1965-66. Although not a physical education major, the selected demonstrator's interest and skill in tennis, sports, and in general recreation, combined with his record and experiences as a sixth grade teacher, made him a likely candidate to fulfill the great promise of the project. This position was jointly financed by monies from the grant, from the State Department of Public Instruction reimbursement in special education, and from local school funds. Mr. Richards was employed to teach mobility, orientation, and school living skills to 24 selected children and to act as consultant to school personnel in the cooperating schools of the area in planning adequate training, service, and school adjustments for these children. Kansas state special education reimbursement provisions were sufficiently flexible so that such a plan could be initiated. The demonstrator-instructor was identified as part of the teaching staff in the school district and became a part of their special education team.

Throughout the two years of the project the term demonstrator was used interchangeably with the terms demonstrator, instructor, mobility instructor, mobility and orientation teacher, and peripatologist. References in this report use these terms synonymously.

Population and Sample

Announcements were sent from the Haysville Schools to the press and to all school districts, both private and parochial, in the area explaining the project operation and goals. One announcement in the form of a letter dated September 30, 1964, went out to 64 local and county superintendents in ten counties. (See Appendix B.) The two-page notification and explanation of the project was disseminated along with a referral sheet.*

From the replies received in answer to the announcement letter and from other referral sources, the demonstrator identified the population of visually handicapped children which he might serve. Gradually over a period of several months, arrangements were made for him to work with 24 children the first year. Fifteen of the children were in public schools or private institutions in Wichita, five in Haysville, and one each in five counties in the project area. The grade placement of these children ranged from kindergarten to a senior in high school. They ranged in ability from educable retarded to above average or high mental ability; their adjustments ranged from poor bordering on serious maladjustment, to well adjusted; and their physical conditions ranged from severe crippling accompanied by obesity and other handicapping conditions to normal and above normal levels of physical development. These ranges are typical of the children on the case load of each resource, itinerant, and consultant teacher in Kansas day schools at the present time.

To make up the caseload of 24, priority was given to children already receiving specialized services in organized programs in the Wichita and Sedgwick County area because:

1. The large groups of young visually impaired children were assembled in the public and private schools in that metropolitan area.

2. The administrators of these schools had shown interest in providing more and better services for their children by the fact that they had long-established and well-organized special programs and strong supportive services.

3. A successful demonstration should encourage these schools to adopt the mobility, orientation, and physical well-being approach on a permanent basis as a part of their special services.

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*It is interesting to note that since 1964 when these letters were sent out, school unification in Kansas has greatly reduced the number of public schools in each county, these reductions making cooperative planning between districts for special services much more easily arranged than in 1964.

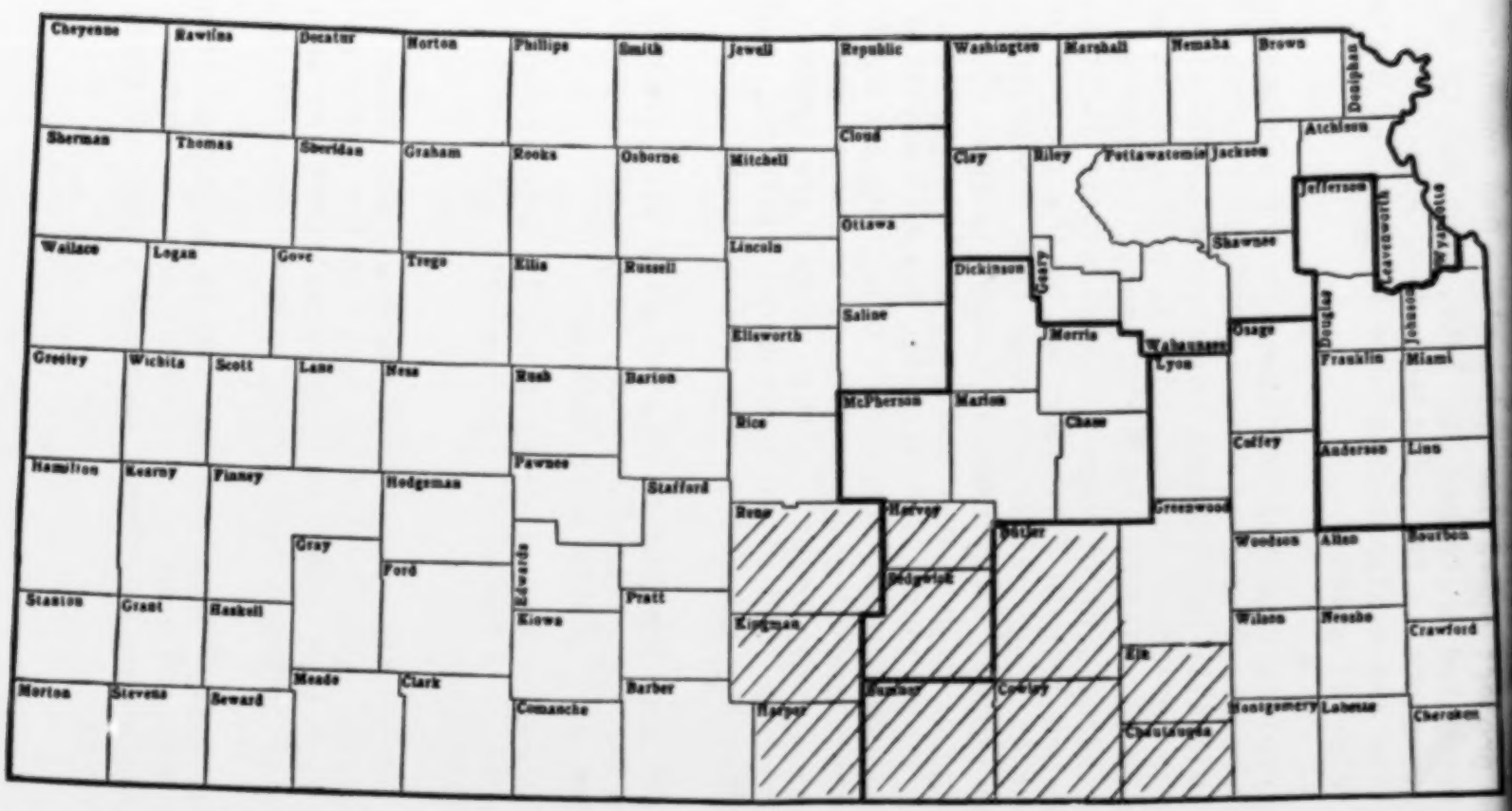

Figure 3. Ten counties where school superintendents received special invitational letter describing services

Figure 4. Distances to schools where blind (braille users) and partially seeing children were enrolled

Haysville to:	Derby	- 5 miles	Pretty Prairie	- 53 miles
	Maize	- 5 miles	McPherson	- 65 miles
	Wichita	- 8 miles	Council Grove	- 98 miles
	El Dorado	- 28 miles	Emporia	-108 miles
	Argonia	- 43 miles	Coffeyville	-155 miles
	Burden	- 51 miles		

TABLE IV

GRADE LEVEL OF CHILDREN SERVED

Grade	No. of Child. 1964-65	No. of Child. 1965-66	Total Children Served
Preschool or K*	1	1	-
First	2	0	-
Second	3	1	-
Third	1	5	-
Fourth	1	0	-
Fifth	6	2	-
Sixth	3	3	-
Seventh	0	4	-
Eighth	1	1	-
Ninth	1	1	-
Tenth	0	1	-
Eleventh	0	0	-
Twelfth	1	1	-
Educable MR	3	5	-
Homebound (Multi-handicapped through 18) or Private	1	1	-
Totals	24	26	36

*In addition to individual work with this kindergarten age child in public school, visits were made to the Preschool for Visually Impaired Children in Wichita and the Institute of Logopedics in Wichita where consultations with teachers and limited work sessions with the children were carried out.

Twenty-four (1964-65) and 26 (1965-66) blind and partially sighted children were selected for participation in the project. Identification of the children possibly in need of the service came from the following sources.

1. Referral by Division of Special Education, Kansas State Department of Public Instruction and other state agencies.

2. Requests in reply to the announcement sent out to all school administrators in Sedgwick and nine adjoining counties.

3. Personal visits to school administrators, resource teachers, and educators where need was indicated. Further explanation of the project led to greater interest and to increased referrals.

4. Parents who sought to have their child participate in the program.

Table IV shows the grade levels and total children served during the two-year project. The majority of the children were from the elementary grades. After detailed mobility and orientation analysis of the project children, 9 children the first year and 15 the second year were described as in need of formal basic mobility and orientation training. The remainder of the children were involved in mobility and orientation training to a lesser degree with much of the work of the demonstrator aimed at preparing the child, the parents, the school, and the community for acceptance of and profit from a mobility and orientation service accompanying educational services.

The final selection of cases was based on the recommendations of the demonstrator in light of the needs after he observed the child, studied all available pertinent information, and conferred with school personnel. Readiness of the child, the school, and the parents was critical to the selection.

Some of the initial children chosen for the project moved out of the area, transferred to the School for the Blind, or withdrew from participation in the project for various reasons. These were replaced from time to time with other children in the area who needed the services, thus bringing the total of children associated with the project to 36.

As shown in Figure 3 the ten counties where schools were given special invitations to participate in the program were near the Haysville school district which is located in Sedgwick county. The service covered by the project is shown in Figure 4. It can be seen here that the services geographically extended were beyond those originally envisioned in Figure 3.

TABLE V

PRINCIPAL SCHOOLS WHERE CHILDREN WERE SERVED, 1964-65
(Listed in order of enrollment)

Location	No. Vis. Hdkp. Served	Grade	1964-65 Enrollment			Faculty		
			K	1-8	9-12	K	1-8	9-12
Eastern Cowley County (Burden)	1	1	-	144	-	-	7	-
KSTC Lab School (Emporia) Elementary	1	6	38	230	-	1	13	-
Pretty Prairie	1	4	31	212	128	1	10	12
Argonia	1	2	25	254	137	1	10	14
McPherson	1	2	233	1595	798	4	78	46
Haysville Elementary	5	5, EMR 5, 5, EMR	24	2767		1	132	
Campus High School	2	9, 12			906			50
Wichita	7	K-12	6813	44,646	17,681	135	2102	774

TABLE VI

PRINCIPAL SCHOOLS WHERE CHILDREN WERE SERVED, 1965-66
(Listed in order of enrollment)

Location	No. Vis Hdkp. Served	Grade	1965-66 Enrollment			Faculty		
			K	1-8	9-12	K	1-8	9-12
KSTC Lab School, Emporia	1	7	-	-	192	-	-	26
Eastern Cowley County (Burden)	1	2	-	154	58	-	10	9
Pretty Prairie	1	5	34	226	123	1	10	12
Argonia	1	3	23	245	129	1	12	15
McPherson	1	3	245	1803	834	4	98	54
Haysville USD #261	6	3, 6, 6 EMR, EMR, 10	24	2767	906	1	132	51
Wichita	6	3,5,7 7,7,9	6624	45,595	17,555	136	2187	819

TABLE VII

ADDITIONAL SCHOOLS WHERE CHILDREN WERE SERVED, 1964-65

	No. Vis. Hdkp. Served	Grade	1964-65 Enrollment			Faculty		
			K	1-8	9-12	K	1-8	9-12
Preschool for Vis. Hkpt. (Wichita)	1	Preschool	5	-	-	2	-	-
Council Grove	1	2	45	440	216	1	21	15
El Dorado	2	EMR H.B.	306	2077	991	5	93	47
Mulvane	1	6	467	3311	1280	6	153	69

TABLE VIII

ADDITIONAL SCHOOLS WHERE CHILDREN WERE SERVED, 1965-66

Location	No. Vis. Hdkp. Served	Grade	1965-66 Enrollment			Faculty		
			K	1-8	9-12	K	1-8	9-12
Preschool for Vis. Hdkpt. (Wichita)	1	Preschool	5	-	-	2	-	-
Holy Family, Wichita	1	EMR	-	90	-	-	5	-
Council Grove	1	3	58	408	232	-	20	17
El Dorado	2	EMR H.B.	278	1852	965	5	89	48
Coffeyville	1	8	313	2582	1163	5	125	49
Derby	2	6, 12	494	3739	1294	9	172	73
Institute of Logopedics, Wichita	1	EMR	63	189	60	8	23	7

Tables V, VI, VIII, and VIII list a more detailed breakdown of the nature of the population of the schools served and their school faculty.

As listed in Table V, it can be expected that more service would be rendered in the sponsoring school district because of the close liaison with the program itself. Referrals were screened and programs planned within the sponsoring school district. Including Campus High School, which was later to become a part of the Haysville Unified School District, seven children and youth were given concentrated mobility instruction. The nearby Wichita schools also enrolled seven children and youth for training. The population of these schools as indicated by Table V show a much greater concentration of school population in Wichita with Haysville Elementary School - Campus High School as second in rank order. A possible reason for less proportionate number being served in the Wichita area was the fact that the Wichita school system already had services for the visually impaired which included some mobility instruction. Several pupils were referred to the project for additional mobility and orientation instruction. Referrals were not screened by age or class level but merely reflected the need of individual children. As children advanced from one grade to the next, several were continued in the project; others moved away or were dismissed.

The principal schools served in the second year of the project as seen in Table VI were the same schools with many of the same children. No prevalence statistics for visual impairment could be deducted from these data as the largest school (Wichita) had other services and referred selected cases. Haysville Elementary and Campus High School became a single unified district in 1965-66 and under one administrative unit. The number of children referred were not affected by this school unification change. Since the project was sponsored by this district, careful consideration and mobility and orientation training were given to all visually impaired children in their school district. The other schools listed were pleased with the service and continued to refer the children for the project training.

Tables VII and VIII list those children where less concentrated service was given, usually because of geographical distance. These services were considerably increased from the 1964-65 school year to the 1965-66 school year as seen by the comparison of Table VII with Table VIII. It can be noted by these two tables that services were extended to private schools as well as preschool service. Services were also extended to those children with multiple handicaps in the educable retarded classes as well as those who were on the homebound program.

From these tables and from the project reports and visits, it can be seen that the population and sample of the children and youth served ranged from preschool through senior high and that referrals and caseload were not on a selected basis either in high feasibility or geographic proximity but were accepted for training on the basis of professional staffing and judgment and the availability of the instructor's time and program planning.

Procedure

The mobility and orientation instructional procedures adopted were those advocated in the recognized training centers of this country as suitable to the needs of young children. The work of the instructor in his consultative role with teachers, school and auxiliary personnel, and parents was formulated in accordance with best interpersonal relation techniques, recognizing and honoring the area of competence and responsibility of each adult, yet offering leadership as the unbiased observer. Thus, the role of the demonstrator-instructor was unique in an attempt to unify all efforts in the child's behalf for his physical well-being. With the help of the directors of the project, the demonstrator developed plans for the improvement of mobility, orientation and daily living skills of the selected children.

Meanwhile, conferences were held with personnel in the schools where the children were enrolled with the instructor scheduling concentrated sessions with individual children as needed. The project director worked with each of the three Wichita special resource and itinerant teachers of the visually impaired and with specifically designated school personnel in other districts. Cooperative planning was necessary to relate the efforts of all adults concerned with the child's progress. A sample sheet showing a typical month's schedule is included in Appendix C.

The demonstrator established a part-time resource room in the headquarters school building in Haysville where five children were served. He worked as a consultant-teacher in the three resource rooms operated by the Wichita Public Schools and in the Wichita Preschool for the Visually Handicapped. Other children served were enrolled in regular classrooms in five schools not employing special teachers of the blind and partially seeing.

The special education and other supportive personnel in the six principal participating school districts numbered 111 full time and 5 part time in the first year of the project and 123 full time workers in the second year. The first year, 58 of the workers were: directors of special education; teachers of the visually handicapped; school psychologists and social workers; guidance counselors; school nurses; reading teachers; and 53 teachers in special programs for the mentally retarded, emotionally disturbed, learning disabilities, physically handicapped, and homebound. (See Table IX.)

During the two years of project operation, the demonstrator had direct contact with personnel in 14 different school districts enrolling more than 90,000 pupils and employing more than 4,000 teachers. He also contacted a large number of para-educational agencies and organizations or individuals. Contacts were by telephone or conference, letters, visits, group meetings, and formal presentations or programs.

TABLE IX

SPECIAL EDUCATION AND SUPPORTIVE PERSONNEL
IN SIX OF THE PRINCIPAL PARTICIPATING
SCHOOL DISTRICTS
1964-65 (1965-66)

	Burden	Pretty Prairie	Argonia	McPherson	Haysville	Wichita	
						1964-54	(1965-66)
Director of Special Education	-	-	-	-	1	1	(1)
Spec. Teacher of Vis. Hdkp.	-	-	-	-	1*	2	(3)
School Psychologist	-	-	-	-	1	10	(11)
Social Worker	-	-	-	-	1	-	-
Guidance Counselor	-	-	-	1	1	16	(25)
School Nurse or County Health Nurse Services	-	1**	1**	1	1	10	(10)
Speech Clinician	-	-	-	-	1	24	(24)
Reading Teacher or Consultant	-	-	-	-	1	7	(7)
Teachers of:							
Educable Mentally Retarded	-	-	-	1	3	37	(37)
Trainable Mentally Retarded	-	-	-	-	-	1	(1)
Emotionally Disturbed	-	-	-	-	1	4	(4)
Homebound	-	-	-	part-time	part-time	5	(5)
Orthopedically Handicapped	-	-	-	-	-	1	(1)

*The demonstrator served in this capacity during the two-year period.
**County health nurse served as part-time school nurse.

The mobility and orientation instructor in consultation with school special education and other personnel sought attainment of the objectives for each blind and visually handicapped child in the project by the initiation of a training and experience program. The program together with provision of the special recommended therapies, devices, and materials demonstrated the services needed to increase the effectiveness of the day school offerings for the young visually impaired child. The instructor also consulted with school personnel and parents in arranging for the recommended adjustments for each child.

Specific information available on each child or obtained during the life of the project included one or more items from each category in the following outline:

1. Medical and health records

   (a) worksheet
   (b) report of eye examination
   (c) audiogram
   (d) school health record
   (e) orthopedically handicapped report
   (f) audiometric test
   (g) medical report
   (h) health record from parents

2. History

   (a) cumulative record
   (b) developmental history

3. Psychological evaluation report

4. Enrollment and achievement

   (a) Scholastic Aptitude Test for handicapped students
   (b) enrollment cards
   (c) achievement test

5. Conferences

   (a) review of parent-teacher conference
   (b) conference guide sheet
   (c) home adjustment
   (d) school adjustment

Specific instructional, training, or experience programs were established for each child including one or more from the following areas:

1. Activities in the development of daily living, including:

   Tying shoes
   Use of dial telephone
   Improvement in table manners
   Operation of movie projector

2. Travel and orientation training:

Independent travel in school building, on grounds, in home, in neighborhood to and from school, in residential area, in shopping center, etc.

3. Physical performance skills:

Physical activities such as skating, riding tandem bike, physical education, playground and sports activities.

4. Development in body use:

Posture training, calesthentics, rope jumping, etc.

In each of these areas of training or experience, a plan was developed and regular practice sessions were scheduled. As an example, the regime established for eight blind children included formal mobility training in travel skills.

A plan of work for each child included the following:

Study child's medical and health records, history as recorded in school cumulative file, and become acquainted with child, his family, and his teachers; make schedule for time and place for instruction.

Observe and analyze student's travel situation, recording on the Travel Progress Report. (See Appendix D.) This initial report as well as subsequent ones call for observations of negative as well as positive attributes or skills of each child.

Reproduced below are excerpts from a Travel Progress Report showing positive and negative attributes of a high school student.

SAMPLE PROGRESS REPORT

Positive

Walking:
Normal pace with ease and confidence
Maintains course well

Balance:
Sure footed

Mannerisms:
No undesirable mannerisms

Judgment:
Calm
Good judgment

Sample Progress Report (Continued)

Orientation to school (training center):
Able to follow certain routes

Sound direction:
Good

Kinesthetic memory:
Able to judge distances
Makes turns fairly well

Use of cane:
Uses cane well, but does not practice its use outside of instructional period

Cane technique:
Good rhythm
Good stair technique

Negative

Posture (body):
Leans forward slightly; shoulders bent

Posture (head):
Head down

Orientation to school (training center):
Seeks assistance or follows other students

The following areas should probably be placed in the negative column because of the student's resistance to the opportunity to learn which is inferred throughout the report.

Sighted guide:
Allows herself to be pushed by guide

Use of cane:
Is in need of further training and practice

Reflexes:
Bumps into objects even when cane has struck them first.

Cane technique:
Arc -- fair
Arm position -- fair
Hand position -- fair
Wrist movement -- fair
Delicacy of touch -- fair
Indoor technique -- fair

Public transportation:
Not observed

Making change:
Not observed

Travel in busy area:
Not observed

REMARKS: If the need for independence and the desire for it can be instilled in D., it would do much in her following through in many of her cane techniques.

This travel progress report was kept on each child to alert the instructor, the student, parents, and school personnel of expectations and areas needing attention. After a period of weekly or bi-weekly travel training sessions, a similar evaluation of progress with a student might show changes. For example, using the same student's report after two months we see that she had made the following changes, some of which were improvement but some deterioration:

Reflexes:
Occasionally misses down steps when using cane

Cane technique:
Arc -- good
Hand position -- good
Wrist position -- good
Indoor technique -- good

Attitude toward travel:
Does not feel the need (the student had accepted the training reluctantly at first but now rejects it).

Interest:
No interest in learning. (Her first report showed some interest and that she made practical use of what she had learned.)

Mannerisms:
Broadcast voice
Head bent down

Orientation to school (training center):
Seeks assistance or follows other students

Sighted guide:
Attempts to walk faster than guide

REMARKS: Regardless of her past learning experience, I do not feel that D. is a proficient, independent traveler at this time, especially in unfamiliar areas. She appeared to reject the cane, even after a folding cane was provided. Her attitude seems to be that the cane is a symbol of blindness instead of a sign of independence.

I do recommend more lessons (about six) with emphasis on experience with public transportation and travel in a small business area leading up to travel in a heavy business area.

Procedure for such a student depended upon the ability of the instructor to work through the problems presented and develop motivation for improvement. Similar reports on children were prepared in other areas in addition to mobility. They were body use, physical education skills and participation, gross and fine muscle use, daily living skills, and social as well as academic levels of functioning.

The work of the demonstrator continued with supportive direction and guidance from the Division of Special Education as well as from the sponsoring school district administrators. Regular written and oral reports were furnished to the Division on activities, the progress of the children, and the acceptance of the demonstration services by schools and communities. In general, however, the demonstrator was given freedom in structuring the program to afford him flexibility in order that the individual demands for each child could be met.

In the school year following the termination of the demonstration, the project director designed evaluative forms for an assessment of the demonstrator's work. Replies were received from school personnel, parents, and workers in certain auxillary agencies or organizations familiar to a greater or less degree with the project. The demonstrator's evaluation of the effectiveness of his work with individual children, with certain school administrators and teachers, and its correlation in each case with that of corresponding parents and school personnel was examined.

In addition, as part of the evaluative check, a physician with medical board recognition in the specialty of physical medicine, and his assistant, an occupational therapist, met on two succeeding Saturdays with a representative sample of the children enrolled in the project. The judgment of these specialists and that of the demonstrator were compared and noted. Their findings are tabulated in the section devoted to the results of the project. (See Appendix E for evaluative form used.)

Viable procedures were established including:

1. Collection and development of workable data-gathering instruments. (See Appendix F.)

2. Arrangement of cooperative working relationships with school administrators, professional personnel, and parents.

3. Development of planning as indicated for each child.

4. Provision of certain special or adapted devices, optical equipment, critical services, and educational aids designed to make the objectives attainable.

5. Provision of a limited amount of contractual services including medical evaluations.

6. Revision of objectives into short or long range goals and changes in procedures as the work progressed to make the attainment of certain goals realistic.

Close coordination and cooperation with the Haysville director of special education, the superintendent of schools, the business administrator, and entire staff was established. This led to a professional understanding of the need for such a program and to fewer problems in carrying it out.

RESULTS

The end products of the two-year demonstration were seen in cumulative benefits in Kansas for individual and groups of children; individual teachers and entire school faculties; individual parents, friends or relatives, and associations of parents and friends; and individual professional or paraprofessional workers as well as groups. The formal project also set into motion or reinforced trends which are continuing in varying degrees of strength in local, area, and statewide programs. The results are tabulated below for quick reference.

1. Thirty-six children (8 secondary and 28 elementary) were seen during the two-year period for extensive and intensive work.

2. Fifteen children (5 secondary and 10 elementary) had great need and received formal instruction in basic orientation and mobility techniques.

3. Eight learned to travel safely about their classrooms and school buildings.

4. Three children gained in mobility skills through use of the tandem bike.

5. Six children received diagnostic services and medical evaluations through project funds. Two of the children were able to obtain dramatic correction, one to near normal vision, the other for cataract operation and needed correction.

6. Six children received psychological evaluations with recommendations which led to productive new procedures.

7. Four formal seminars or conferences were held, including parent groups as well as school personnel.

8. Formal demonstrations of physical activities for visually impaired children were presented before four organized groups.

9. Five districts purchased or constructed equipment appropriate for these special physical activities.

10. Consultant, demonstration, and supportive services were supplied to each of the children's teachers and parents.

11. Instructional and training equipment and material was provided for each child in the project in order to implement the needed emphasis on physical education and recreational activities.

12. Innovative and imaginative use of equipment and material was fostered in each child.

13. Guidelines were formulated, accepted, and used for the provision of mobility instruction in the schools.

14. Special education services for partially seeing and blind children were improved and expanded in all fourteen school districts cooperating in the project and in many other areas of the state because of the increased interest generated by the project.

15. An educational resource center for the visually handicapped was established in the Haysville School District.

16. Intensive public education activities by the demonstrator explaining the operating procedures of the project continued consistently and almost continually during the entire two years of the project. This resulted in promoting the philosophical acceptance of the project goals by Kansas educators, parents, and laymen.

17. Negative characteristics were seen such as denial of handicapping conditions by the children themselves, parents, and school personnel; unwillingness to recognize the need for mobility or other special services; and overprotectiveness by adults or passivity in children or adults. The negative aspects were not overcome entirely in all parents and children during the life of the project.

18. The demonstrator worked effectively as a mobility instructor, itinerant teacher, resource coordinator for materials and consultant to the fourteen school districts served.

19. Scale line drawings of special book racks and desks were produced and distributed by the demonstrator in the schools included in the project and to other Kansas schools by the Division of Special Education.

20. The demonstrator had direct contact with school personnel in 14 different school districts enrolling over 90,000 pupils and employing more than 4,000 teachers. He also had direct contact with a large number of para-educational agencies and organizations or individuals.

DISCUSSION

The primary purpose and indeed the primary end product of this project was the demonstration of the feasibility of employing a teacher-consultant for educational services in a school district using the mobility and orientation approach. The complexities of the needs for each child and the receptivity of school and family varied in each school served so that feasibility of the program for each child was influenced by readiness for the program. Services to the child to improve his mobility, orientation, physical well-being, or skills in daily school living were provided in the resource room, the school gymnasium or playground, or in any convenient and appropriate place in the different schools or neighborhoods.

The attitude of parents and school personnel toward the demonstration project and the demonstrator ranged widely from rejection and active resistance to eager acceptance of the services. Even in a single school district there was generally lack of uniformity in acceptance of the program. This was especially seen in large school districts where several visually handicapped children were enrolled, some of whom presented severe learning or adjustment problems. However, with only a few exceptions, schools having only one child needing the services of the demonstrator accepted the program and cooperated to the fullest extent. The most unsuccessful contact in a school where only one visually handicapped child was enrolled might be attributed to the very difficult situation presented by a primary age child with learning difficulties, an uncooperative and poorly adjusted family situation, as well as an unfavorable school climate. Another instance of less than optimum contacts in a school having only one child needing the services occurred during the second year of the demonstration when there was a change in the building principal assigned to the school. More through readiness activities and intelligence as to the purposes and promise of the project could probably have prevented or made less negative these difficult and unproductive contacts.

As the title of this project suggests, the demonstrator functioned in the role of a teacher-consultant in the education of partially seeing and blind children using a mobility and orientation approach. In other words, instruction in mobility and orientation did not encompass the most extensive work with most of the children enrolled in the project. Rather, the work of the demonstrator was aimed in most instances to prepare the child, the parents, and the school and even community personnel for eventual acceptance of and profit from a mobility and orientation instructional service to accompany educational provisions.

The choice of Haysville USD #261 in the greater Wichita suburban area of Sedgwick County as a sponsoring school was an advantageous selection from several standpoints. The supportive special education personnel were housed in the administrative building in one of the large office areas with adjacent counseling rooms for parents. The district was small enough so that close communication between all the administrative faculty and service personnel could be maintained. Thus, there was constant interchange and team action on specific cases between the school psychologist, the speech clinician, school nurse, director of special services, and the mobility demonstrator. A high degree of confidence developed in the Haysville school district which far surpassed that attained in any of the other cooperating districts. This was indicated by faculty involvement in depth and the number of contacts with different school personnel.

Concentrated work in Sedgwick County, the most populous county in Kansas, proved to be productive of increased long term public school services for blind and partially seeing children. Three additional resource and itinerant workers were employed in the area during or immediately following the two-year mobility project.

During the first year nineteen of the original 24 children resided and attended schools outside the Haysville geographical area and a greater proportion the second year. Nearly 16,000 miles were traveled by the demonstrator during the two school years. However, as indicated earlier, emphasis was placed on concentrating the work with the visually impaired children in the schools of Haysville and Wichita, only eight miles away. Schools at a greater distance from Haysville where only one visually handicapped child was enrolled in the program could expect a visit about once or twice a month, depending on the needs of each child. These periodic visits were not viewed as adequate, but some progress was noted in almost all of the children. Here again the role of consultant was emphasized. Where need was apparent, basic orientation and mobility techniques were taught the children; otherwise, consultative services were provided to the classroom teachers and school administrators. In most instances, the regular classroom teacher was eager for the special help, waiting for assurance before proceeding to try something new or different with the child. Even some of the long accepted methods, such as allowing the child to get as close to the reading material as possible and participation in physical education exercises (unless restricted by a medical doctor) were matters that she hesitated to undertake without first consulting a specialist in work for the visually impaired.

It was soon evident, due to the broadness of the objectives, that the major initial role of the demonstrator was as a consultant to school administrators, school board personnel, resource room teachers, classroom teachers, public and civic organizations, and other interested groups. This may well be one of the main functions of a special worker in the public schools of Kansas until an adequate number of teachers, skilled in working with the visually impaired, is available.

Ways in Which Children Were Served Individually and in a Group

Of the children participating in the demonstration project at any one time the majority were served in a variety of ways in addition to the formal mobility training which seemed appropriate for only 15 of the total 36 children. It was seen that for the children under a resource teacher or for older children, who were progressing in their school situation without the help of a resource teacher, formal mobility instruction was feasible. For the majority of children, however, who were not in such an advantageous position the role of the demonstrator became more comparable with that of an itinerant teacher. In other words, the needs of the children were so great that the school administrators and classroom teachers gladly accepted the services of the demonstrator to meet the urgent and essential needs of the child for educational material and equipment. Until the pressing educational needs of the children were met school personnel, parents, and children alike were not able to give priority in attention or time to the pursuit of mobility and orientation goals. It became apparent that achievement of orientation and mobility skills was predicated on the acceptance of the demonstrator as a useful co-worker in the child's educational setting.

Guidelines Adopted for Provision of Mobility Instruction

Where mobility instruction was feasible, it was necessary to develop procedures for the benefit of school personnel, parents, and children as well as the demonstrator.

The following mobility guidelines were used successfully by the demonstrator:

1. The plan of mobility instruction must be consistent with and fit into the educational objectives of the school as agreed upon by the building principal, the teachers, and other concerned school personnel.

2. Parents should sign a permission slip allowing institution of mobility lessons.

3. The supervision ratio should always be <u>one</u> student to <u>one</u> mobility instructor.

4. Off-campus mobility lesson plans should be filed in the office of the building principal in advance.

5. The mobility instructor should visit the area of practice in advance, taking note of any particular potential hazards.

6. If possible, the mobility instructor should receive an invitation, preferably in writing, from the management for the use of facilities (store, public transportation systems, or public building).

7. Parents should be notified in writing regarding each mobility session in general and particularly when the lesson is to be conducted in an abnormal situation because of change in locale, need for new experiences, or necessitated changes due to weather or other conditions. The notification should include the following information about the mobility instruction period:

Where	Supervision
When	Mode of Travel

Procedures Established or Recommended Prior to Initiating Mobility Instruction

The demonstrator was able to institute and carry out the following procedures prior to the initiation of mobility instruction.

1. Obtain clearance from parents in order to obtain medical, psychological, and other pertinent information.

2. Referral of each child with partial sight (even though minimal) to the optical aide clinic.

He was unable to institute these additional prior procedures:

1. An orthopedic examination for each child.

2. Follow-up to secure suggestions from the orthopedic physician.

3. Institution of a regime of physical activities which concentrate upon development of the entire musculature system and provide opportunity for each child to improve in physical stamina.

4. Postural exercises prescribed by the orthopedic physician.

Provision of Therapies for More Favorable Body Growth

Needs of the children for possible therapeutic intervention were observed during the initial evaluations, from the recommendations of classroom teachers and school nurses, and from parent conferences. It was difficult to ascertain accurately the complete needs of the children in this area. One of the reasons was that school records were incomplete in almost all schools. Medical, psychological, and other evaluative records were often withheld on the basis of confidentiality in the school districts where such information had been accumulated.

Some of the children were being served by agencies in the community and no present need for the services of the project was seen by the agency representative. In one instance, there was a negative attitude expressed by a member of the medical profession toward psychological testing, vision screening, and other school paramedical services.

Progress was made although by no means entirely positive, for better orientation of the medical profession as to the aims and objectives of the project. Simultaneously, the project personnel laid the groundwork for the establishment of the necessary procedures through conferences with State Department of Health officials, including personnel in Medical Health Nursing Services, as well as Maternal and Child Health. The demonstrator reported in his June 1966 final write-up on the two-year project that "more mutual coordination and orientation appears to be necessary before maximum advantage of these medical services can be utilized by the public schools." The project directors agree with this judgment of the status of the situation.

Promotion of Physical Education, Recreational Participation, and Related Activities

The blind and partially seeing children in the project required training in learning to participate in vigorous activity. Also adult resource people needed instruction in levels of performance. In order to acquaint classroom teachers, administrators, and parents with physical education activities which a visually impaired child could enjoy, demonstrations were presented to the following organizations:

1. Kansas Association of Educators of Homebound, Hospitalized, and Orthopedically Handicapped Children.

2. Haysville Education Association and other interested teachers and parents.

3. The Braille Association of Kansas.

4. Kansas State Federation, Council for Exceptional Children.

Various types of physical education equipment were constructed by the Haysville School District or purchased through grant funds. Examples include balance beams, balance boards, jumping ropes, portable door chin-up bar, gym scooters, and tandem bikes. The demonstrator worked with individual children (or with the teachers) in use of this equipment. Teachers were encouraged to follow through with individual and group activities. Activity sheets in rope jumping and balance beam use were duplicated and distributed to teachers and other personnel. (See Appendix G.)

The use of the tandem bike by the demonstrator and student was particularly rewarding. The demonstrator reported that besides allowing helpful exercise, its use stimulated a pleasant pupil-teacher relationship in the orientation and mobility training. Once a child had been oriented to a number of smaller outdoor areas, the use of the tandem helped fit these areas more into place like pieces of a jig-saw puzzle, exposing many of the remaining senses to the environment. Time was taken to stop and explore anything of unusual significance, introducing new areas, or reviewing those previously learned. Learning names of streets and understanding compass directions were also reinforced by a relatively quick exploration on the tandem bike. At no time did the use of the tandem do away with the need of walking in the area to be traveled either for the mobility instructor in planning his lessons or the pupil. The occasional change from cane to tandem was found to be stimulating.

Conferences with the consultant in physical education in the Kansas State Department of Education resulted in mutual benefits, especially in contacts with physical education instructors in the area schools. Suggestions for ways these children may participate in gym and playground activities were solicited and utilized. Where a visually impaired child was enrolled in a school system having a physical education instructor, close coordination with this person was maintained. In addition to talks on attitudes and philosophy, physical education materials and publications were loaned to these persons.

Administrators in the school systems of Pretty Prairie, Haysville, Wichita, and also in the Institute of Logopedics in Wichita, had balance beams and balance boards constructed in their respective woodworking shops and used by the blind and partially seeing children.

The talking book Physical Fitness For You (Pruden) was used to advantage, especially by older children. Sound films (16mm), available from the Haysville Schools Curriculum Library were used successfully with the visually impaired. Beginning Tumbling and Volleyball for Boys was excellent in demonstrating the techniques of these activities, especially to the partially sighted children in the Haysville District.

Three visually impaired fifth grade Haysville boys, one of whom is in the legally blind classification, were taught how to thread a 16mm Keystone Movie Projector. This exercise aided hand coordination and manipulation, contributing also to the sense of satisfaction in achievement. All three boys learned to thread the projector, start it, and have the picture and sound on the screen in about 60 seconds. Needless to say, the classroom teacher utilized films more readily and more often having the boys show an average of one to two films a week.

Instructional Materials Procured or Developed and Distributed

The materials procured, adapted, or developed were those needed to insure the attainment of the daily school living objectives for each child. For example, poor posture often was seen to be caused by the child's need to get close to the material in order to obtain a clear focus. Efforts were made to obtain material, educational aids, and supportive media for every subject area so that the child could work while maintaining the most healthful position. Many of the needed devices such as bookstands previously had not been made available to any great extent. Special types of bookstands and desks, a lap board book rack combination, a slant top desk and bench, balance beams and balance boards were constructed. In addition to lending these items to various school systems, scale-line drawings and the specifications were reproduced and distributed to the school personnel. (See Appendix H.) School administrators had some of these devices constructed by the school shops. Items such as these were necessary to accommodate the excessive quantity and bulk of educational material needed by the visually impaired child and also helped to improve his posture.

To implement the demonstrator's role as a consultant, an Educational Center for Visually Impaired Children was established in the Haysville School District. Materials and equipment in this center were borrowed from the Kansas State Department of Education or were purchased or prepared as prototype material. Large print and braille books, needed materials, and equipment were accumulated. Items, such as special types of sight-saving paper, script letter sheets and boards, soft wide-lined white sight-saving chalk, magnifiers of all types, mathematical and reading aides, aluminum canes, records, raised maps and globes, and numerous other items were loaned to the various schools as the needs indicated. Many of the materials and textbooks were distributed to visually impaired children and their teachers where there was obvious need even though these children did not participate directly in the project.

A library of professional material was established as a part of the center. Through memoranda, newsletters, and talks to various professional groups, use of the following materials was encouraged:

1. Professional books and periodicals discussing methods of teaching, philosophies, services, and current trends in the area of blindness and partial sight.

2. Miscellaneous newsletters, brochures, magazines, catalogs, monographs, and pamphlets.

3. A catalog of basic source material in the field of the blind on 3" x 5" library cards.

The effectiveness of the professional library was graphically apparent in two public schools in which two or more blind children were enrolled. Loan of a particular issue of The New Outlook for the Blind created enough interest among the teachers and administrators so that subscriptions were obtained by each of these schools for their own professional libraries and teachers' rooms. Other recommended publications were also purchased by some of the schools.

Psychological Testing

Resource teachers working with blind and partially sighted children indicated a great desire to have the children tested by a competent school psychologist informed in the field of the visually impaired. Many classroom teachers and parents also indicated a desire for an adequate evaluation of the child's educational and social potential.

School administrators sought psychological testing personnel trained in work with visually impaired children. They were hesitant in approving a testing program by a school psychologist lacking this specific training. A representative of one school district refused consideration of contracted psychological testing services in spite of a six-months backlog of referrals. He preferred that their children be tested at the regular testing time by one of their own psychologists rather than by an outside person.

Several school psychologists were interested in becoming more knowledgeable in work with the visually impaired and attended a one-day workshop conducted by the Division of Special Education at the Kansas School for the Blind in 1966. Under the impetus of 1967 Kansas legislation, children now may be evaluated by an educational team under the direction of the Division of Special Education of the Kansas State Department of Education. Provisions have been made also for a review board to coordinate the work needed for better planning for visually handicapped children in both day and residential schools.

Unique Aspects of the Project and Follow-up

The unique aspect of this project in having a fully trained mobility instructor on the faculty in a public school system was productive of favorable outcomes. The full time mobility specialists who are working with children in day school settings in other parts of the country are in many cases employed by agencies serving the blind, contracting with the various school authorities to provide services to visually impaired children.

The benefits of having the mobility specialist a member of the regular faculty of a public school were abundant with excellent cooperation between the demonstrator, the administrative staff, and teachers. Having a school psychologist, speech clinician, and school nurse occupy the same office proved an asset to the project and to the needs of the children being served. Frequent meetings of the special education staff were held, with discussion of case studies and inauguration of exploratory procedures. Many of the problems presented by one member became the common concern of the entire staff.

As a follow-up of the two-year demonstration, two institutes under P.L. 85-926 (as amended) were held for teachers, physical education instructors, school nurses, rehabilitation workers, and others concerned with mobility skills of visually handicapped children and youth. An examination and tabulation was made at that time of the supportive services given blind and partially seeing children to improve their mobility skills. It was seen that the objectives for blind and visually handicapped children might be attained by a training and experience program initiated by a mobility and orientation instructor in additional areas of the state.

Many of the difficulties found by Dr. Joseph Mayer[1] in the evaluation of blind children were seen by the demonstrator in the children served in the project. Some were inherent in the parent-child and some in the teacher-child relationship.

1. Denial of the mobility needs of their children was seen in three mothers.

2. Over-protectiveness was very common among most teachers. Once their questions were answered and reassurance given to both parents and teachers a reduction or limited over-protectiveness was observed.

3. The child's denial of knowledge of the handicap was seen in four children and the parent of one.

4. Six children exhibited passivity in view of their visual problems. The personal problems resulting from their blindness were difficult to alter.

Parents, other family members, and certain school personnel rated the children's body use and posture more favorably than did the demonstrator, possibly indicating their less strict standards for children with poor vision. The total of 617 responses on 9 different aspects of body use and posture for the children contained 41 excellent, 175 good, 259 fair, and 142 poor ratings. It is significant to note that the demonstrator's totals included no excellent ratings and only 35 good out of the total of his 202 evaluation tabulations with 115 fair and 52 poor. Parents' and teachers' ratings of good occurred in almost twice the frequency that the demonstrator's occurred. (See Appendix I.)

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[1] "Difficulties in Handling the 'Human Element' in the Psychological Evaluation of Blind Children," The Educator, June 1967, Dr. Joseph Mayer.

Obstacles Encountered

The original termination date called for the employment of the demonstrator on a 12-month basis for the two-year period, with the summer months spent in evaluation of the project in preparation of the final report. This schedule was revised because of the education and training needs of the demonstrator employed. His attendance at the 1964 and 1965 summer school sessions was required in order to meet approval as a teacher and mobility instructor of the visually handicapped in Kansas. The requirements needed were an awareness and orientation into the needs of the partially seeing child as well as a basic understanding of the entire field of special education. Therefore, the demonstrator was not available for the work during the summers of 1964 and 1965. He left the project in June 1966.

In addition, the establishment of the original termination date was unrealistic because of the short amount of time, inappropriate scheduling, and lack of outside personnel allocated to evaluation and preparation of the final report in view of several facts:

1. The summer months find public school teaching, supervision, and administrative personnel scattered and unavailable for evaluation processes.

2. The importance of a broad evaluation of the project by personnel other than the demonstrator became increasingly apparent in view of the complicating features inherent in the Kansas situation.

It was seen that the evaluations by the demonstrator could be only a section of the total evaluation which must apply to those broad objectives of the project applicable to the educational and habilitative set of the entire state. Evaluation activities based on the results of the primary level of project operation were carried out by the demonstrator. In addition, the project director, administrator, and other state level or regional level personnel were involved in evaluation which led to valuable conclusions in a broad area.

CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

Many of the conclusive findings of the project, their implications and the needed recommendations are suggested in the preceding descriptive and discussion sections. For clarification and convenience they are itemized below as major findings especially applicable to the distinctive situation in the State of Kansas.

1. Mobility and orientation instruction cannot be narrowly limited to travel but must include experience in all aspects of body movement and use which begins in infancy and early childhood.

2. The children served in the project had a common history of lack of opportunities for exploration during infancy and childhood. This emphasizes the need for preschool and early childhood services in Kansas on a concentrated and continuing basis.

3. General posture and body use at different tasks of the great majority of the children was well below excellent or good even in the judgment of parent and teachers who rated the children much less strictly than the demonstrator.

4. Indications of undesirable mental health attitudes and habits were found in parents, especially overprotectiveness, which could be overcome in the majority of parents by conferences with the demonstrator. The usual responsiveness of parents emphasizes the apparent need for an early exposure of the parents to an orientation and mobility approach for their child's best progress.

5. Readiness for special instruction and training of visually handicapped children emphasizing posture, body use, and general physical development was generally lacking initially in the home, the school, and in the child himself. This mandates on-going counseling and training from professional personnel beginning in infancy.

6. For each child the determinants for achievement of successful mobility skills at each age must be identified just as it is necessary to establish readiness for reading.

7. The gait, walking patterns, and habits of children should be examined with particular attention to the wearing surfaces of the shoes to help diagnose walking problems.

8. Resistence was found in teenage braille users in Kansas public junior and senior high schools to use of the cane for mobility. This resistence was generally not found in younger children. The need for close companionship during the adolescent years may be the difference. The younger pre-adolescent elementary age student in his zeal to excel and his relative non-dependence on close companionship of peers may be willing to utilize the cane techniques and other mobility skills more readily than the older children.

9. A mobility and orientation approach for the improvement of education for partially seeing and blind children in day school settings was found to be effective, economically feasible, and practical. Therefore, it is being promoted by the Kansas State Department of Education as especially suitable in the areas of the state where special resource and itinerant services in the public schools are already well-established.

10. Where no services from a special resource, itinerant, or consultant teacher are presently available provision for educational needs must be given precedence or preferably should parallel attention to the mobility and orientation deficits.

11. Cooperative planning between school districts is mandatory when special services for these children is undertaken in Kansas because of the relatively small number of children to be served.

12. Guidelines for itinerant workers must be clearly understood and accepted by school personnel as well as the instructor.

13. Recommendations for procedures prior to initiating mobility instruction should include:

    (1) Clearance from parents in order to obtain medical, psychological, and other pertinent information.

    (2) Referral of each child with partial sight (even though minimal) to an optical aide clinic.

    (3) Orthopedic examination and report for each child should be required.

    (4) Follow-up by instructor to secure suggestions from the orthopedic physician including plans for:

        (a) Institution of a regime of physical activities which concentrate upon development of the entire musculature system and provide opportunity for each child to improve in physical stamina.

(b) Postural exercises prescribed by the orthopedic physician for each child.

14. Mobility instruction in Kansas public schools should be a part of the competencies and responsibilities of the itinerant teacher-consultant in order that children in rural and small town areas in addition to those in the more heavily populated sections may have the services of a special worker from early childhood throughout the school years.

Concluding Statements

This two-year project may be summarized as a positive demonstration of the need for mobility and orientation instruction in effective body use which should begin in infancy and continue throughout the school years. Such instruction should serve as a supplementary and motivating factor to normal learning experiences in the home neighborhood and school. An indication of some resistance to training and passivity or denial of their handicap shown by several of the teenage participants gives added emphasis to the need for early initiation of services. Started in infancy and continued throughout the school years, the mobility and orientation training in conjunction with effective educational procedures would provide a continuous experiential approach. Utilization of this approach is economically feasible and offers to this type of handicapped child a chance for effective, efficient, and rewarding body activity. In addition, it seems to make academic and other learning more nearly parallel with that encountered by children with normal sight.

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APPENDIXES

APPENDIX A

Letter dated November 3, 1969, from Harry E. Hayes, Director, Services for the Blind, Kansas State Department of Social Welfare, Topeka, Kansas.

Mrs. Clara Flannagan
Director, Programs for Visually Impaired
Division of Special Education
120 East Tenth
Topeka, Kansas 66612

Dear Mrs. Flannagan:

I am responding to your inquiry of 10/28/69 relative to the providing of educational aids to blind school children by the Division of Services for the Blind prior to the establishment of the Division of Special Education.

During the early days of the Division of Services for the Blind, between 1937 and the early 1940's, considerable attention was given by our prevention of blindness section to partially sighted children in the public schools. Surveys were made of school systems and contacts made with school authorities in an effort to encourage the establishment of sight saving classes. These were specially designed facilities within a school system which provided special programming and equipment for children whose vision roughly fell between 20/60 and 20/200. These were the children who were neither blind nor sighted, but who required special attention in the securing of an education.

In a number of cities studies were made through screening programs to identify children in need of this specialized service. When enough children were identified, the school was urged to provide for the children with a special teacher and the necessary facilities and equipment. The Division provided scholarship help to enable teachers to take a nine-week summer course to orient them to this type of special education. A number of teachers were trained, but the only class that really got organized was one in Wichita. One affect of the surveys and promotional efforts was to learn about children having the special needs and the development of at least piecemeal programs to meet these needs.

During the fall of 1942, the Division of Services for the Blind began buying special large type books and loaning them to schools under individualized educational plans. These plans were participated in by the family, the opthalmologist, and the school and made use of 24 point type books known as clear type books and which were purchased by the Division directly from the publishers. Such equipment was loaned by the Division directly from the publishers.

Such equipment was loaned only on the recommendation of the opthalmologist and with the understanding and cooperation of the family and the school in the details of the program. It was recognized that the equipment alone was not enough. The teacher was encouraged to modify the instructional program to meet the student's needs, to place him in the best position in the room for seeing the blackboard, etc. and the family was urged to take his visual limitation into consideration in other aspects of his daily life.

Quite a library of books was accumulated by the Division during the period which this service was offered, since most of the books were returned to the Division of Services for the Blind by the school after the student had completed using them.

This service was discontinued in December of 1953 when responsibility for this group of children was assumed by the Division of Special Education. The Division's library of clear type books was given to the Special Education Department at that time also.

You are right in your assumption that Toby Scanland received his master's degree in orientation and mobility training for the blind at Western Michigan State University at Kalamazoo.

Sincerely yours,

Harry E. Hayes, Director
Services for the Blind

APPENDIX B

Letter dated September 30, 1964, from Virgil A. Combs, Director of Special Education, Haysville Public Schools, Haysville, Kansas.

Dear School Administrator:

The Haysville School District has been selected as a sponsoring agency of a Demonstration Project entitled "A CONCENTRATED MOBILITY AND ORIENTATION APPROACH FOR THE IMPROVEMENT OF EDUCATION FOR PARTIALLY SEEING AND BLIND CHILDREN IN DAY SCHOOL SETTINGS". The project is supported by the U.S. Department of Health, Education, and Welfare, Office of Education, Division of Handicapped Children and Youth. There is no charge for these instruction periods. The program is made possible through cooperative arrangements with the Haysville Public Schools, the Division of Special Education, and the U.S. Office of Education grant.

The services of a peripatologist (mobility and orientation instructor) consultant are available through the Haysville School District, Mr. Robert Richards, a graduate of Boston College Graduate School, will eventually serve about twenty-five school children with visual problems in and about Sedgwick County.

The services of a mobility-orientation consultant have not previously been made available to blind and partially seeing children in the day schools of Kansas. The purpose of this project is to establish these services within an experimental and demonstration framework. The program is organized under State reimbursement for the visually impaired. The trained peripatologist will work with individual children, as a consultant to school and ancillary personnel, and in workshops and clinics for teachers and parents.

The unique objectives of this project include: services to all public school children, including partially seeing as well as the blind; provision of physical, speech, occupational, or other therapies where needed for more favorable body growth or educational and social progress; emphasis on physical education and recreational participation and social interchange; and provision of special or adapted devices and educational tools to achieve the objectives for each child. Emphasis is placed on the needs of each individual child; however, areas such as posture, gait, physical activities, pre-cane, and cane techniques will be stressed. If you have one or more children in your school system who might need this service, please send us their names on the enclosed form. Perhaps you would prefer to have Mr. Richards discuss the needs of your children with you before a final selection is made. He will be available to you at your convenience for such a conference.

The present plan calls for concentrated work in Haysville and within a radius of five to ten miles. Schools at a greater distance might expect to have the peripatologist work with each child at least twice a month or more often for those children needing more concentrated services.

The participating schools will be asked to work with Mr. Richards in assessing the needs of each child to form a basis of the case study of the child's progress throughout the demonstration period. This study may become a part of the cumulative record in the child's school district, if desired by the school administrators.

Mr. Richards' work has started with the opening of the regular school year. He will spend some time setting up the program and determining where the students with the greatest need are located. This announcement is only meant to be a bulletin to notify you of the fact that the program is becoming available. You will be informed as to the progress of the program as soon as the enclosed form is completed and returned.

Kindly inform us of any students who might be in need of these services.

Sincerely,

Virgil A. Combs
Director of Special Education

APPENDIX C

TYPICAL MONTHLY SCHEDULE AND REPORT OF DEMONSTRATOR

APRIL 1965

			1	2	3
5 HAYSVILLE PUBLIC SCHOOLS	6 HAYSVILLE PUBLIC SCHOOLS (Administrative Conferences)	7	8 ARGONIA PUBLIC SCHOOLS	9 WICHITA PUBLIC SCHOOLS HAYSVILLE PUBLIC SCHOOLS	10
12 PRESCHOOL FOR VISUALLY IMPAIRED CHILDREN HAYSVILLE PUBLIC SCHOOLS	13 WICHITA PUBLIC SCHOOLS	14 EMPORIA STATE TEACHERS COLLEGE (Lab School)	15 EL DORADO PUBLIC SCHOOLS	16 G O O D F R I D A Y	17
19	20 WICHITA PUBLIC SCHOOLS	21 MC PHERSON PUBLIC SCHOOLS	22 BURDEN PUBLIC SCHOOLS	23 WICHITA PUBLIC SCHOOLS INSTITUTE OF LOGOPEDICS	24
26 HAYSVILLE PUBLIC SCHOOLS	27 WICHITA PUBLIC SCHOOLS	28 PRETTY PRAIRIE GRADE SCHOOL	29	30 WICHITA PUBLIC SCHOOLS HAYSVILLE PUBLIC SCHOOLS	

APPENDIX D

TRAVEL PROGRESS REPORT

Name of Trainee _____

Training Period From _____ To _____

I. Attitude Toward Travel

_____ Anxious to learn
_____ Accepts without question
_____ Accepts reluctantly
_____ Does not feel the need

II. Following instructions

_____ Grasps quickly and follows well
_____ Slow in understanding, but follows well
_____ Understands, but does not follow
_____ Has much difficulty in understanding

III. Interest

_____ Makes practical use of what he has learned
_____ Tries hard, but not intelligently
_____ Gives up quickly
_____ No interest in learning

IV. Self Confidence

_____ Confident
_____ Moderately confident
_____ Over confident
_____ Timid and hesitant

V. Memory

Very good _____ good _____ fair _____ poor _____

VI. Visualization

Very good _____ good _____ fair _____ poor _____

VII. Walking

_____ Normal pace with ease and confidence
_____ Quick and sure
_____ Quick and reckless
_____ Slow and cautious

VII. Walking (Con'd)

_____ Maintains course well
_____ Drifts to one side consistently
_____ Drifts from side to side
_____ Follows zig-zag pattern

VIII. Balance

_____ Excellent
_____ Is sure footed
_____ Sways when walking
_____ Falls easily

IX. Posture (body)

_____ Excellent
_____ Leans backward
_____ Leans forward, shoulders bent
_____ Leans forward slightly, shoulders bent

X. Posture (head)

_____ Head erect and facing forward
_____ Head leans back
_____ Head leans to side
_____ Head down

XI. Mannerisms

_____ No undesirable mannerisms
_____ Groping with hands
_____ Rocking
_____ Twitching
Others: _____
_____
_____

XII. Judgment

_____ Calm, very good judgment
_____ Acts hastily in emergencies
_____ Has tendency to react impulsively
_____ Notably lacking

XIII. Orientation to school (training center)

_____ Travels freely
_____ Is able to follow certain routes
_____ Attempts to travel alone, but often gets lost
_____ Seeks assistance or follows other trainees

XIV. Orientation to the downtown area

_____ Travels with ease and confidence
_____ Travels well in familiar territory
_____ Is rather slow in learning the area
_____ Completely confused

XV. Crossing streets

_____ Crosses streets safely and confidently
_____ Has difficulty in determining the direction of the movement of traffic
_____ Has difficulty in staying within the crosswalk
_____ Misses opportunities to cross the street
_____ Takes unnecessary chances

XVI. Sound direction

_____ Good sound direction
_____ Sometimes confused
_____ Cannot determine sound directions

XVII. Kinesthetic memory

_____ Able to judge distances and make turns, etc., with a reasonable degree of accuracy
_____ Judges distances fairly well
_____ Makes turns fairly well
_____ Does neither of these very well

XVIII. Sighted Guide

_____ Follows sighted guide with ease
_____ Allows himself to be pushed by guide
_____ Walks hesitantly and pulls back on guide
_____ Attempts to walk faster than guide, crowding him

XIX. Use of Cane

_____ Makes practical use of the cane in his day to day travel
_____ Can use the cane well, but does not practice its use outside of class
_____ Is in need of further training and practice
_____ Does not use cane at all

XX. Reflexes

_____ Is able to stop immediately when cane detects danger
_____ Occasionally misses down steps
_____ Often misses down steps
_____ Bumps into objects when cane has struck them first

XXI. Cane technique

	Good	Fair	Poor
Arc	_____	_____	_____
Rhythm	_____	_____	_____
Arm position	_____	_____	_____
Hand position	_____	_____	_____
Wrist movement	_____	_____	_____
Delicacy of touch	_____	_____	_____
Indoor technique	_____	_____	_____
Stair technique	_____	_____	_____

XXII. Public transportation (bus)

_____ Boards and leaves bus gracefully
_____ Is somewhat awkward
_____ Is very awkward

XXIII. Making change

_____ Makes change quickly and correctly
_____ Makes change correctly, but is rather slow
_____ Has difficulty in making change
_____ Cannot separate money

XXIV. Travel in busy areas

_____ Not bothered by noise, travels with ease
_____ Travels well, but shows signs of nervousness
_____ Very nervous; effects travel considerably
_____ Completely confused

XXV. Remarks:

Submitted by _____

And _____

Date _____

APPENDIX E

EVALUATIVE FORM USED

Excel. Good Avg. Fair Poor No Contact

1. Cooperation of:

   (a) School administrators and building principals
   (b) Classroom teachers
   (c) School nurse

   (d) Guidance counselors
   (e) School psychologists
   (f) Physical ed. instructors

2. What five children do you consider to have gained by the project: (Name them, noting the area in which gains were made.)

3. As you look back over the project, what would you have done differently?

4. What overall aspect of the project was most or least rewarding or successful in each building? (Rate as most rewarding, good, average, fair, or least rewarding.)

   (a) Mobility instruction of blind child_____

   (b) Mobility instruction of partially seeing children_____

   (c) Physical education participation by blind_____

   (d) Physical education participation by partially seeing_____

   (e) Improvement in morale of blind students_____

   (f) Improvement in morale of partially seeing students_____

   (g) Improvement in school achievement of blind_____

   (h) Improvement in school achievement of partially seeing_____

APPENDIX F

DATA GATHERING INSTRUMENTS

SOCIAL SKILLS NOTED

	Names of children needing and receiving this instruction		Improvement in Skill	
	1964-65	1965-66	YES	NO
Dialing telephone				
Tieing shoe				
Identifying coins				
Making change				
Knowledge of compass directions				
Facing speaker when being spoken to				
Proper eating habits				

TECHNICAL SKILLS LEARNED

	Names of children acquiring skill	
	1964-65	1965-66
Threading 16 mm Keystone Movie Projector		
Operating Tape Recorder		
Operating Record Player		

P A R E N T S S U R V E Y

Which aspect of your child's progress needs special attention at this time?

academic (name problem area)

physical development

social adjustment to other children _____ to adults _____

attitude, motivation, sense of responsibility, outlook

medical care

optical aids

special skills:

typing

mobility

other

COMMENTS:

Signature _____

CHILD's NAME _____ PARENT'S NAME _____
AGE _____ DATE _____

Braille user (or potential braille user) _____
Partial sight (severe) _____

EXPLORING ENVIRONMENT
(Parent's Response)

What length probe did your child use (or would you be willing for him or her to use)? Indicate age in years from age 1 to 17 or "not at all".

1 to 3 _____ 3 to 5 _____ 5 to 7 _____ 7 to 9 _____
9 to 11_____ 11 to 14_____ 14 to 17_____ 17 and up _____

At what age did your child begin using a stick (or cane)? _____
as a probe to explore environment _____
as an aid to independent travel:
around house _____ on same block _____
around yard _____ around school building _____
around neighbors _____ around playground at school _____

as a signal to indicate blindness to other people (for safety purposes):
around neighborhood _____
in strange places _____
in crossing street in quiet neighborhood_____
as a safety warning to children at play _____
(on bicycles, skating, running, etc.)

At what age would you be willing to have (or did you allow) your child accept formal training in use of a cane as an aid for greater independence in travel?
in going from car to a building or house _____
in going from building or home to car _____
in quiet neighborhood _____
in light traffic in familiar places _____
in light traffic in unfamiliar places _____

COMMENTS:

APPENDIX G

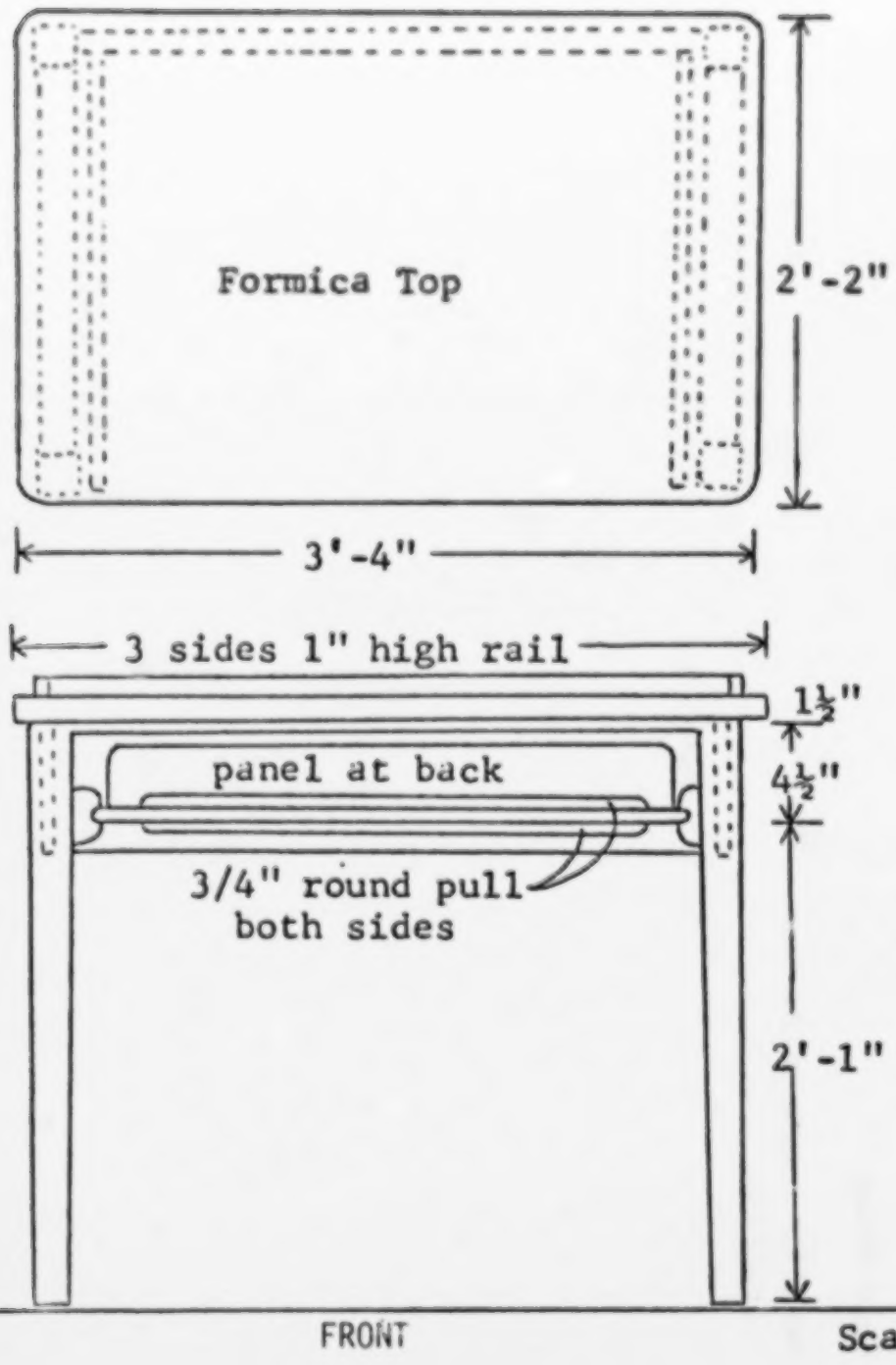
ACTIVITY SHEET

	No. of Children Worked With		Did P.E. teacher continue activity regularly?	
	1964-65	1965-66	YES	NO
Activities in Gym:				
balance beams				
balance boards				
jump ropes				
portable door chinning bar				
audible goal locator				
audible ball				
gym scooters				
Activities on playground:				
tandem bike				
other				
Activities at home:				
skating				
swimming				
other				

APPENDIX H

SCALE LINE DRAWINGS AND PICTURES
SPECIAL TYPEWRITING TABLE FOR
VISUALLY IMPAIRED CHILDREN
(Braille or Large
Print Readers)

Sketch prepared by
Maintenance Department
Seattle School District No. 1
Seattle, Washington
Courtesy of Mrs. Marjory Swanson
Teacher of Partially Seeing
and Blind



APPENDIX I

ABNORMAL GAIT AND BODY POSTURE NOTED IN CHILDREN ENROLLED IN THE PROJECT

Errors Seen	Names of Children in Which Noted		Improvement Noted	
	1964-65	1965-66	YES	NO
Heel and toe gait				
Need for maintenance of a stable or narrow base of support				
Out toeing				
Stiff arms				
Tightening of body				
Need for erect body posture				
Head tilt				
Head droop				
Need for improvement in tracking				

APPENDIX J

(Excerpts from sample evaluative report from classroom teacher in elementary school.)

One of the first problems I tried to work out with C. was for her to become more independent in work and play. I seated her away from those she had been depending on in work. We taught her to play kick ball with the other girls in her class. She loved it. This gave her a new feeling of independence.....

The most important improvement that we have been able to make, throughout the year was to make C. become much more self-reliant. We do give credit to the demonstrator for helping us with encouragement and ideas during his visits. That was a big help to us in solving our many problems.

APPENDIX K

SAMPLE COMMUNICATIONS TO PARENTS, SCHOOL PERSONNEL, OR COMMUNITY LEADERS

KANSAS STATE DEPARTMENT OF PUBLIC INSTRUCTION
W. C. KAMPSCHROEDER, SUPERINTENDENT
KANSAS STATE EDUCATION BUILDING
120 EAST 10TH STREET
TOPEKA, KANSAS 66612

March 22, 1967

(Letter to parents of children who did not attend March 11 or 18 session)

We were sorry that you and were not able to attend the evaluation session on March 11 at Rex Elementary School which was conducted as a follow-up of our mobility demonstration project under Mr. Robert Richards during the period 1964-66.

The parents and students who participated are eager that we give them concrete results of the various evaluative procedures of fine and large muscle use and we are in the process of preparing the write-ups. These procedures included:

A range of motion test by P. W. Madsen, Jr., M.D. Doctor of Physical Medicine, St. Joseph's Hospital, Wichita;
Evaluation by Mrs. Orlene Fisher, occupational therapist;
Pennsylvania Bi-Manual Worksample (assemble and disassemble 80 nuts and bolts);
Minnesota Rate of Manipulation Test (Displacing Test with wooden blocks);
Use of typewriter and/or braille writer;
Assessment of large muscle use (rope jumping, rope climbing, summersault, walks balance beam, makes basket with basketball)

After the evaluation there was some opportunity for discussion with the parents of the results of the tests and also conference with the doctor and occupational therapist. This was very helpful to each participant and will be valuable to us in making recommendations for the student's school program during the coming months.

Each parent completed an evaluation of his or her child which we are to use in our final recommendations. We would appreciate very much having you and each member of your family complete this form and return to one of the members of the Evaluation Planning Committee (Mrs. Clara Robertson, Mr. Fred Guffey or Mr. Gary Latimer). We are very interested in seeing how each parent's assessment of his child's function compares with that of the teachers and other school personnel.

If you would like to have some of the tests outlined in this letter administered to your child, it may be possible for us to arrange it in your home community school or at some convenient place. Please notify us if this special evaluation is desired.

Sincerely,

(Mrs.) Clara H. Robertson, Director
Programs for the Visually Impaired
and Physically Limited
Division of Special Education

CHR:ft

Enc.

cc: Mr. Sam Seminoff
Dr. P. W. Madsen, Jr.
Miss Orlene Fisher
Mr. Fred Guffey
Mr. Gary Latimer
Miss Marcine Campbell
Miss Dena M. Gray
Mrs. Doris Smith
Mrs. Gladys Foss